

CLINICAL CYCLE DATA ENTRY TOOL

SENCY OR SITE CLINICIAN NAME						eCaST ID		
LAST NAME	FIRS	ST NAME	SSN	DATE OF BI	RTH		AGE	
BREAST CANCER SCREENING			CERVICAL CANCER	SCREENIN	IG			
MEDICAL HISTORY			MEDICAL HISTORY					
□ WWC funded breast health education provided □ Self reported breast symptoms □ Prior diagnosis of breast cancer □ Parent, sibling, or child has history of breast cancer			□ WWC funded cervical □ History of CIN II/III or c □ HIV/Immunocompromi Hysterectomy status □ Hysterectomy due to c	r □ DES Ex	□ DES Exposure			
			cancer Hysterectomy with inta	•	☐ Hystere	•	ated to cervical ds)	
Previous Mammogram Yes (choose one):		o utient does not know	Previous Pap Test ☐ Yes (choose one): ☐ Date known: ☐ Date unknown but <5 years ☐ Date unknown but >5 years		□ No □ Patient	□ No □ Patient does not know		
Current Mammogram Reason Routine screening mammogram Short term follow-up Mammogram not done		onormal CBE or new symptoms stient referred in for diagnostic eval.	Current Pap Reason Routine pap test Short term follow-up No pap test done	□ Patient	☐ Patient referred in for diagnostic eval.			
SCREENING PROCEDURES *Req	SCREENING PROCEDURES *Requires immediate follow up							
CBE Date performed: Location performed: Not suspicious for breast cancer *Suspicious for breast cancer	_ Func	ding: WWC Other:	PELVIC Date performed: Location performed: Normal *Abnormal cervical les		=		Other:	
MAMMOGRAM			PAP TEST					
Date performed:	□ *B □ *B na □ *B	II-RADS 4: Suspicious abnormality II-RADS 5: Highly suggestive of maligncy II-RADS 0: Assessment is incomplete, ed additional imaging	Date performed: Location performed: Type: Liquid based Negative for intraepithe malignancy Negative (with no ECC ASC-US Low grade SIL encomply dysplasia ASC-US	□ Convention elial lesion or	al Adequacy *High g dysplas *ASC-F *Atypic mild *Invasiv	y: Satisfactor grade SIL, more sia, CIS, AIS H cal glandular co ive cervical cal		
			HPV Date performed: Location performed: Negative Positive Insufficient		Funding:	□ WWC □ (Other:	
FOLLOW UP RECOMMENDATION			FOLLOW UP RECOMMENDATION					
□ Follow routine screening □ Patient needs short-term follow-up, client to return in months □ Screening or diagnostic procedures not complete because: □ Pending screenings □ Lost to follow-up, Date: □ Refused, Date: □ Client referred for further immediate work-up □ Deceased, screening/diagnostics not complete			□ Follow up per ASCCP screening guidelines □ Patient needs short-term follow-up, client to return in months □ Screening or diagnostic procedures not complete because: □ Pending screenings □ Lost to follow-up, Date: □ Refused, Date: □ Client referred for further immediate work-up □ Deceased, screening/diagnostics not complete					